

**APPLICATION FOR CHANGE
- FOR LIFE POLICIES ONLY**

GREAT EASTERN LIFE POLICY NO.:

NAME OF POLICYHOLDER:

NRIC NO. / PASSPORT NO.:

PAYMENT CHANGES

1. Change of Payment Frequency

Yearly Half-Yearly Quarterly Monthly (Please use GIRO Application Form)

2. CPFIS / SRS Policy Only

- Reactivate premium deduction from CPFIS / SRS from next due date or next deduction date.
- Reactivate premium deduction from CPFIS / SRS with immediate effect.
- Stop premium deduction from CPFIS / SRS until further written request.

POLICY CHANGES

3. Reduction/Cancellation of Benefits (without cash value)

- Reduction in sum assured
Note: Reduction in sum assured will take effect from next due date.
 - Basic Policy - From \$ _____ To \$ _____
 - Riders: Type _____ - From \$ _____ To \$ _____
- Note: For Regular Premium Participating Policy/ Rider, if your policy/rider has not acquired cash value when you reduce your sum assured, any reversionary/terminal bonus declared on your policy/rider will be reduced accordingly.
- Cancellation of rider / Supplementary Benefit: Type _____
Note: Cancellation of rider will take effect from next due date.

4. Conversion of Policy

- Conversion of policy into:
 - Reduced Paid Up Assurance
 - Extended Term Assurance
- Note: Upon conversion to a Reduced Paid-Up Assurance / Extended Term Assurance, the following condition will apply:
 - No further premiums need to be paid on the policy
 - The policy will cease to participate in future profits of the Company
 - The benefits under the Total and Permanent Disability, and all riders attached to your policy, if any, will be cancelled.
 - Any existing cash bonus/ survival benefit and/ or riders with cash value will be paid as at date of conversion. Future cash bonus / survival benefits, if any, will cease to be payable
 - For Reduced Paid-up Assurance, the reduced paid-up sum assured will become payable in the event of a death claim / upon diagnosis of a major illness if covered under the policy / maturity of the policy. For Extended Term Assurance, the sum assured will become payable if the death occurs before the expiry of the policy
 - For Extended Term Assurance, the policy will not have any policy loan or surrender value

5. Vesting Instruction

- Vesting Instruction
For policies issued before 1 September 2009, the vesting age is 21 years old.
For policies issued on/after 1 September 2009, the vesting age is 18 years old.
 - I wish to include vesting and agree that policy ownership will be transferred to the life assured upon his vesting age as per contract.
 - I wish to cancel vesting and retain ownership of the policy. (Applicable only if policy has not been vested)

Notes:
Pursuant to the Singapore Income Tax Act and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self-certification form from the holder of a policy to which CRS applies, in order to determine the tax residence(s) of such policyholder. CRS does not apply to A&H policies and non-cash value policies. Therefore, please submit the Individual Self-Certification Form for the life assured. The policyholder should sign on behalf of the life assured if the life assured is below 21 years old.

GREAT EASTERN LIFE POLICY NO.:

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6. Change in Occupation/Avocation

- Change of Life Insured's occupation to _____. I understand that the new premium payable will be based on the new occupation.
 Brief description of duties: _____
 Date of Change: _____
- The Life Insured has taken new avocation / hobby(ies). I understand that the new premium payable will be adjusted accordingly based on the newly acquired avocation / hobby(ies).
 New Avocation / Hobby(ies): _____
 Brief description: _____

Note:
 1) If the above change is for PaySecure/ PayAssure policy or rider, please submit the Supplementary Form for PaySecure/ PayAssure, Any revision in premium will take effect from next due date.

7. Review of Residential Loading

- Review of Residential Loading
- 1) Please state your Nationality : _____
- 2) Singapore Permanent Resident : Yes No
- 3) Please state the Country and the City in which you have spent more than 183 days in the past 12 months:

- 4) Do you hold any valid pass with at least 6 months' validity in Singapore? (Valid pass refers to only Dependant Pass, Student Pass, Long Term Visit Pass, Employment Pass such as Entrepreneur Pass, PEP, P1, P2 and Q1, S Pass and Work Permit excluding entertainment, construction, marine & shipping industries, domestic worker) - If yes, please state FIN No. and Expiry Date. Yes No
 FIN No.: _____
 Expiry Date: DD / MM / YYYY
- 5) For the next 12 months, do you plan or intend to spend more than 6 months outside your current country/ city of residence? If yes, please state the countries, cities, duration, frequency and purpose. Yes No

Name of Country / City	Duration	Frequency	Purpose

Note:
 1) If the above change is for PaySecure/ PayAssure policy or rider, please submit the Supplementary Form for PaySecure/ PayAssure, Any revision in premium will take effect from next due date.
 2) Pursuant to the Singapore Income Tax Act and regulations thereunder, which implement the standard for automatic exchange of financial account information in tax matters (commonly known as the "Common Reporting Standard" or "CRS"), the Company is legally obliged to obtain a self-certification form from the holder of a policy to which CRS applies, in order to determine the tax residence(s) of such policyholder. CRS does not apply to A&H policies and non-cash value policies. Therefore, if there is a change in country of residence of the policyholder, please submit:
 i) the Individual Self-Certification Form if the policyholder is an individual; or
 ii) the Entity Self-Certification Form if the policyholder is a company. For Controlling Persons of a policyholder who is a passive Non-Financial Entity ("NFE"), or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, please also complete the Controlling Persons Self-Certification Form.

8. Others

Others: _____

Signature of Legal Owner (as per policy contract)

Contact No. / E-mail Address

Date

Any photocopies/downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.